STATE OF WYOMING)	IN THE DISTRICT COURT
COUNTY OF) ss _)	JUDICIAL DISTRICT
Plaintiff: (Print name of person filing)	,)	Civil Action Case No
vs.)	
Defendant:(Spouse) (Print name))	
RE	QUEST FOR	R SETTING
hearing/trial in the District Court. hours/ minutes and w 1) The parties have Decree of Divorce and this Court.	The hearing/ vill address the reached an art requires a	(name) requests a time and date for a trial will take approximately e following issues: agreement (both parties have signed the hearing before it will enter a <i>Decree of tearing</i> if this option is selected); OR
	enter a <i>Decre</i>	Plaintiff OR Defendant and this Court ee of Divorce. (NOTE: submit the <i>Order</i>
hearing is needed on the following Allo Chi Pro Mot	g issues: ocation of pard ld support perty distribut tion for	e on all of the terms of the divorce and a ental responsibilities
(NOTE: submit the <i>Order Setting</i>		
·	_	e on any issues and a trial is needed for a mit the <i>Order Setting Divorce Trial and</i>
reporter shall make a request to the	ne appropriate	of a particular matter by the official court official court reporter as soon as possible, ore the matter is set for hearing. You can

provide notice to the court reporter by phone or by submitting a written request. Please

note that if providing notice through the mail, the request must be received by the court reporter no later than three working days prior to the hearing. The Clerk will be able to inform you which court reporter to contact. The three-day notice requirement will not be waived by the Court. The notice is required for all civil matters including jury trials. If a hearing is not recorded by an official court reporter, a transcript of the hearing will not be available. It is very difficult to appeal the Judge's decision if you do not have a transcript of everything that is said at the trial. Rule 904 of the Uniform Rules of the District Courts of the State of Wyoming.

DATED this	s day of .	, 20
		C'a madama
		Signature Drinted Name:
		Printed Name:
		Address: Phone Number:
	<u>CERTIFI</u>	CATE OF SERVICE
I certify that	on	(date) the original of this document
was filed with the C	Clerk of District (Court; and, a true and accurate copy of this document
was served on the o	ther party by	Hand Delivery OR Faxed to this number
OF	R by placing	it in the United States mail, postage pre-paid, and
addressed to the following	lowing:	
(Insert Plaintiff/Plai	intiff's Attorney'	s Name and Address)
TO:		
		
		<u> </u>
		Your signature
		Print name